

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **March 1-15, 2008**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

Application for Federal Assistance SF-424		Version 02	
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify) <input type="text"/>
* 3. Date Received: <input type="text"/>		4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: <input type="text"/>		* 5b. Federal Award Identifier: <input type="text"/>	
State Use Only:			
6. Date Received by State: <input type="text"/>		7. State Application Identifier: <input type="text"/>	
A. APPLICANT INFORMATION:			
* a. Legal Name: The Empty Space			
* b. Employer/Taxpayer Identification Number (EIN/TIN): 56-2370860		* c. Organizational DUNS: 14-569-0959	
d. Address:			
* Street1: 706 Oak Street		<div>RECEIVED</div> <div>MAR - 3 2008</div> <div>STATE CLEARING HOUSE</div>	
Street2: <input type="text"/>			
* City: Bakersfield			
County: kern			
* State: CA			
Province: <input type="text"/>			
* Country: USA: United States			
* Zip / Postal Code: 93304-1737			
e. Organizational Unit:			
Department Name: Kern Community Radio		Division Name: Broadcast Committee	
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix: Mr.		* First Name: Jake	
Middle Name: o			
* Last Name: Chavez			
Suffix: <input type="text"/>			
Title: General Manager			
Organizational Affiliation: <input type="text"/>			
* Telephone Number: (661) 301-6916		Fax Number: () - <input type="text"/>	
* Email: bover70@sbcglobal.net			

OMB Number: 4040-0004
Expiration Date: 01/31/2009**Application for Federal Assistance SF-424**

Version 02

9. Type of Applicant 1: Select Applicant Type:

M

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (specify):

*** 10. Name of Federal Agency:**

NTIA / OTIA / PTFP

11. Catalog of Federal Domestic Assistance Number:

11.550

CEDA Title:

Public Telecommunications Facilities Program

*** 12. Funding Opportunity Number:**

TBA

* Title:

Public Telecommunications Facilities Program

13. Competition Identification Number:

Title

14. Areas Affected by Project (Cities, Counties, States, etc):Central Kern County, California.
Mettler, California
Bakersfield, California
Arvin, California
Lamont California*** 15. Descriptive Title of Applicant's Project:**

Construction Project

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant 22

* b. Program/Project 20, 22

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date: 10/01/2008

* b. End Date: 09/30/2009

18. Estimated Funding (\$):

* a. Federal	266,189
* b. Applicant	90,000
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	356,189

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☐ a. This application was made available to the State under the Executive Order 12372 Process for review on
- ☒ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. "By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that thy false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Mrs. * First Name: Quinevara

Middle Name:

* Last Name: Park-Hall Dethlefsen

Suffix:

* Title: Executive Director

* Telephone Number: (861) 327-7529 Fax Number: () -

* Email: executive@esonline.org

* Signature of Authorized Representative: * Date Signed:

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Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify) <input type="text"/>	
* 3. Date Received: <input type="text"/> <small>Completed by Grants.gov upon submission.</small>		4. Applicant Identifier: <input type="text"/>			
5a. Federal Entity Identifier: <input type="text"/>			* 5b. Federal Award Identifier: <input type="text"/>		
State Use Only:					
6. Date Received by State: <input type="text"/>		7. State Application Identifier: <input type="text"/>			
8. APPLICANT INFORMATION:					
* a. Legal Name: <input type="text" value="THE EAST LOS ANGELES COMMUNITY UNION (TELACU)"/>					
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="95-2554256"/>			* c. Organizational DUNS: <input type="text" value="010720597"/>		
d. Address:					
* Street1:		<input type="text" value="5400 East Olympic Boulevard, Suite 300"/>			
Street2:		<input type="text"/>			
* City:		<input type="text" value="Los Angeles"/>			
County:		<input type="text" value="Los Angeles"/>			
* State:		<input type="text" value="CA: California"/>			
Province:		<input type="text"/>			
* Country:		<input type="text" value="USA: UNITED STATES"/>			
* Zip / Postal Code:		<input type="text" value="90022"/>			
e. Organizational Unit:					
Department Name: <input type="text"/>			Division Name: <input type="text"/>		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix:		<input type="text" value="Mr."/>		* First Name: <input type="text" value="Tom"/>	
Middle Name:		<input type="text" value="Florencio"/>			
* Last Name:		<input type="text" value="Provencio"/>			
Suffix:		<input type="text"/>			
Title: <input type="text" value="Authorized Agent"/>					
Organizational Affiliation: <input type="text"/>					
* Telephone Number:		<input type="text" value="323.721.1655"/>		Fax Number: <input type="text" value="323.721.3560"/>	
* Email:		<input type="text" value="tprovencio@telacu.com"/>			



Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

*** 10. Name of Federal Agency:**

US Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.157

CFDA Title:

Supportive Housing for the Elderly

*** 12. Funding Opportunity Number:**

FR-5154-N-01

*** Title:**

Section 202 Demonstration Pre-Development Grant Program

13. Competition Identification Number:

S202-DEMO

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

City of San Bernardino, County of San Bernardino, CA

*** 15. Descriptive Title of Applicant's Project:**

Pre-Development Program to assist Fiscal year 2007 Section 202 supportive housing of recipients

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant 34

* b. Program/Project 43

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date: 09/30/2007

* b. End Date: 09/30/2008

18. Estimated Funding (\$):

* a. Federal	11,135,700.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	1,200,000.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	12,335,700.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 02/22/2008 .
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Mr. * First Name: Tom

Middle Name: Florencio

* Last Name: Provencio

Suffix:

* Title: Authorized Agent

* Telephone Number: 323.721.1655 Fax Number: 323.721.3560

* Email: tprovencio@telacu.com

* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier	
Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
Legal Name: Buttonwillow County Water District			Organizational Unit: Department:		
Organizational DUNS: 800063844			Division:		
Address: Street: 289 Main Street, P. O. Box 274			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Regina		
City: Buttonwillow			Middle Name		
County: Kern			Last Name Houchin		
State: CA		Zip Code 93206		Suffix:	
Country: USA			Email: agcenter@bak.rr.com		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-1940034			Phone Number (give area code) (661) 764-5273		Fax Number (give area code) (661) 764-5274
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>			7. TYPE OF APPLICANT: (See back of form for Application Types) G Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760 TITLE (Name of Program): USDA Water & Waste Disposal Loan & Grant Program			9. NAME OF FEDERAL AGENCY: USDA/Rural Development		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Buttonwillow, Kern County			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Buttonwillow Wastewater Project The proposed Project includes the replacement of the wastewater treatment plant, the sewer trunkline, over 1,000 feet of sewer main, sewage lift stations and construction of two storage ponds.		
13. PROPOSED PROJECT Design & construction Start Date: 8/1/08 Ending Date: 12/31/09			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 20 b. Project 20		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	2,392,200.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: Feb. 25, 2008		
b. Applicant	\$	31,000.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$	.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$	.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$	.00			
g. TOTAL	\$	2,423,200.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative Prefix Mr. First Name John Middle Name			b. Title President		
Last Name Cauzza Suffix			c. Telephone Number (give area code) (661) 764-5273		
d. Signature of Authorized Representative			e. Date Signed 2/25/08		

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MAR - 4 2008

STATE CLEARING HOUSE

Reset Form

Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 2-28-07	Applicant Identifier	
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY 2-29-08	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: C Road Community Services District		Organizational Unit: Department: C Road Volunteer Fire Department		
Organizational DUNS: 81-834-8572		Division:		
Address: Street: PO Box 344		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Blairsden		Prefix: Mr		
County: Plumas		First Name: Ron		
State: CA		Middle Name		
Zip Code 96103		Last Name Heard		
Country: USA		Suffix:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 33-1092438		Email: ron@alerralla.org		
7. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		Phone Number (give area code) 530.927.9112		
Other (specify)		Fax Number (give area code) 530.836.1797		
8. TYPE OF APPLICANT: (See back of form for Application Types) G Other (specify)		9. NAME OF FEDERAL AGENCY: USDA		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 10-766		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: C Road Volunteer Fire Department Firefighter Personal Protective Equipment and fire safety and equipment project		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): C Road District (Blairsden - Clois, CA)		13. PROPOSED PROJECT Start Date: 04/01/08 Ending Date: 12/31/08		
14. CONGRESSIONAL DISTRICTS OF: a. Applicant 04 b. Project 04		15. ESTIMATED FUNDING:		
a. Federal \$ 28,500		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
b. Applicant \$ 9,500		a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 3-1-08		
c. State \$		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local \$		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other \$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income \$		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL \$ 38,000		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Authorized Representative				
Prefix Mr		First Name Ron		Middle Name
Last Name Heard		Suffix		
b. Title Fire Chief		c. Telephone Number (give area code) 530.927.9112		
d. Signature of Authorized Representative Ron Heard, Fire Chief		e. Date Signed 2-28-08		

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Prescribed by OMB Circular A-102

Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 3-6-2008	Applicant Identifier FTA Recipient ID# 1658	
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: Sacramento Area Council of Governments		Organizational Unit: Department:		
Organizational DUNS: 555895705		Division:		
Address: Street: 1415 L Street, Suite 300		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Barbara		
City: Sacramento		Middle Name Jane Evans		
County: Sacramento		Last Name VaughanBechtold		
State: California		Suffix:		
Zip Code 95814		Email: bvaughanbechtold@sacog.org		
Country: USA		Phone Number (give area code) 916-321-9000		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): □□-□□□□□□□□		Fax Number (give area code) 916-321-9551		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) □ □		7. TYPE OF APPLICANT: (See back of form for Application Types) G. Special District Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Job Access Reverse Commute 20-516		9. NAME OF FEDERAL AGENCY: Federal Transit Administration (FTA)		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of CA, El Dorado, Placer, Sacramento, Sutter, Yolo and Yuba counties		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: FFY 2006 JARC Sac Urbanized Area projects		
13. PROPOSED PROJECT Start Date: 9-1-2005		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 1, 2, 3, 4, & 5		
Ending Date: 9-30-2008		b. Project		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 735,658	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$ 0	DATE:		
c. State	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local Subrecipients	\$ 735,658	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$ 1,471,316			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix	First Name Karen	Middle Name		
Last Name Wilcox	Suffix			
b. Title Director of Finance	c. Telephone Number (give area code) 916-321-9000			
d. Signature of Authorized Representative 	e. Date Signed 3/5/09			

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED March 7, 2008		Applicant Identifier Tarmac Phase I	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY STATE		State Application Identifier	
Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: City of Reedley Municipal Airport			Organizational Unit: Department: Public Works		
Organizational DUNS: 00-494-0631			Division: Airport		
Address: Street: 1733 Ninth Street			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Reedley			Prefix: Mr. First Name: Dana		
County: Fresno			Middle Name: R		
State: Ca Zip Code: 93654			Last Name: Ritschel		
Country: USA			Suffix:		
			Email: dana.ritschel@reedley.com		
6. EMPLOYER IDENTIFICATION NUMBER EIM:			Phone number (give area code):		
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 4 - 6 0 0 0 4 0 2 </div>			(559) 637-4200 ext 277		
			FAX number (give area code): (559) 637-2139		
8. TYPE OF APPLICATION:			7. TYPE OF APPLICANT: (See back of form for Application Types)		
<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): (See back of form for description of letters)			<div style="border: 1px solid black; padding: 2px; display: inline-block;">C</div> Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER			9. NAME OF FEDERAL AGENCY		
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 2 0 - 1 0 6 </div>			FAA		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:		
			Tarmac reconstruction - Phase I of III.		
13. PROPOSED PROJECT			14. CONGRESSIONAL DISTRICTS OF		
Start Date 5/1/2008			a. Applicant 21		
Ending Date 11/1/2008			b. Project 21		
15. ESTIMATED FUNDING			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS		
a. Federal \$ 250,000 .00			a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant \$.00			DATE: 3/6/2008		
c. State \$.00			b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local \$ 5000 .00			<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other \$.00			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program income \$.00			<input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No		
g. TOTAL \$ 255,000 .00					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Mr		First Name Dana		Middle Name R	
Last Name Ritschel				Suffix	
b. Title Airport Manager				c. Telephone number (give area code) (559) 637-4200 ext 277	
d. Signature of Authorized Representative				e. Date Signed 3/6/2008	

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Non-Construction			
5. APPLICANT INFORMATION			
Legal Name: HAYFORK FIRE PROTECTION DISTRICT		Organizational Unit: Department: Hayfork Volunteer Fire Dept	
Organizational DUNS: 608566928		Division:	
Address: Street: 7230 State Hwy #3		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Hayfork		Prefix:	First Name: Dick
County: Trinity		Middle Name	
State: Calif.		Last Name: Murray	
Zip Code: 96041-0613		Suffix:	
Country: USA		Email: dickm@com-pair.net	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 10-5340890		Phone Number (give area code): 530-410-1522	Fax Number (give area code): 530-628-5464
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		7. TYPE OF APPLICANT: (See back of form for Application Types) G. Special District	
Other (specify)		Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766		9. NAME OF FEDERAL AGENCY: USDA Rural Development	
TITLE (Name of Program): Community Facilities Loans		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Construction of a Public Safety Facility to house the Fire Dept. & the Trinity County Life Support and will serve as a disaster center for the community	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Community of Hayfork plus surrounding		14. CONGRESSIONAL DISTRICTS OF:	
13. PROPOSED PROJECT Start Date: 10/1/08 Ending Date: 7/1/09		a. Applicant Dist. 1	b. Project Dist. 1
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 575,000	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	\$	DATE:	
c. State CDBG grant	\$ Net 750,000	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$ 60,000	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 1,385,000		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix	First Name Richard "Dick"	Middle Name	
Last Name Murray	Suffix		
b. Title Owners Representative	c. Telephone Number (give area code) 530-410-1522		
d. Signature of Authorized Representative	e. Date Signed 3/6/08		

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 3-6-2008	Applicant Identifier FTA Recipient ID# 1658	
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: Sacramento Area Council of Governments		Organizational Unit: Department:		
Organizational DUNS: 555895705		Division:		
Address: Street: 1415 L Street, Suite 300		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Sacramento		Prefix: First Name: Barbara		
County: Sacramento		Middle Name Jane Evans		
State: California		Last Name VaughanBechtold		
Zip Code 95814		Suffix:		
Country: USA		Email: bvaughanbechtold@sacog.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0153162		Phone Number (give area code) 916-321-9000		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		7. TYPE OF APPLICANT: (See back of form for Application Types) G. Special District Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-516		9. NAME OF FEDERAL AGENCY: Federal Transit Administration (FTA)		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of CA, El Dorado, Placer, Sacramento, Sutter, Yolo and Yuba counties		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: FFY 2006 JARC Sac Urbanized Area projects		
13. PROPOSED PROJECT Start Date: 9-1-2005		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 1, 2, 3, 4, & 5		
Ending Date: 9-30-2008		b. Project		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 735,658.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$ 0.00	DATE:		
c. State	\$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local Subrecipients	\$ 735,658.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$ 1,471,316.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix	First Name Karen	Middle Name		
Last Name Wilcox	Suffix			
b. Title Director of Finance	c. Telephone Number (give area code) 916-321-9000			
d. Signature of Authorized Representative 	e. Date Signed 3/5/09			

APPLICATION FOR FEDERAL ASSISTANCE SF 424 (R&R)

1. * TYPE OF SUBMISSION <input type="checkbox"/> Pre-application <input type="checkbox"/> Application <input checked="" type="checkbox"/> Changed/Corrected Application		2. DATE SUBMITTED _____	Applicant Identifier Balents - 20081085
		3. DATE RECEIVED BY STATE _____	State Application Identifier _____
5. APPLICANT INFORMATION * Legal Name: The Regents of the University of California Department: Physics Division: _____ * Street1: 3019 Broida Hall Street2: _____ * City: Santa Barbara County: Santa Barbara * State: CA: Califon Province: _____ * Country: UNITED ST * ZIP / Postal Code: 93106		4. Federal Identifier DE-PS02-08ER08-01	
		* Organizational DUNS: 094876394	
<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> RECEIVED MAR - 6 2008 STATE CLEARING HOUSE </div>			
Person to be contacted on matters involving this application Prefix: * First Name: Cara Middle Name: _____ * Last Name: Egan-Williams Suffix: _____ * Phone Number: 805/893-8809 Fax Number: 805/893-2611 Email: eganwilliams@research.ucsb.edu			
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN): 95-6006145W		7. * TYPE OF APPLICANT: H: Public/State Controlled Institution of Higher Education Other (Specify): Small Business Organization Type <input type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged	
8. * TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		9. * NAME OF FEDERAL AGENCY: Chicago Service Center	
If Revision, mark appropriate box(es). <input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (specify) _____		10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 81.049 TITLE: Office of Science Financial Assistance Program	
* Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> What other Agencies? _____		11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Resolving Frustration in Complex Materials	
12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) United States of America			
13. PROPOSED PROJECT: * Start Date 07/01/2008 * Ending Date 06/30/2011		14. CONGRESSIONAL DISTRICTS OF: a. * Applicant 23rd b. * Project 23rd	
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION Prefix: Dr. * First Name: Leon Middle Name: _____ * Last Name: Balents Suffix: _____ Position/Title: Professor VI, Off-Scale * Organization Name: The Regents of the University of California Department: Physics Division: _____ * Street1: 3019 Broida Hall Street2: _____ * City: Santa Barbara County: Santa Barbara * State: CA: Califon Province: _____ * Country: UNITED ST * ZIP / Postal Code: 93106 * Phone Number: 805/893-5670 Fax Number: 805/893-2902 Email: balents@physics.ucsb.edu			

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE**Page 2**

16. ESTIMATED PROJECT FUNDING a. * Total Estimated Project Funding 393,971.00 b. * Total Federal & Non-Federal Funds 393,971.00 c. * Estimated Program Income 0.00	17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 03/03/2008 b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
---	--

18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances * and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ * I agree

* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

19. Authorized Representative				
Prefix:	* First Name: Cara	Middle Name:	* Last Name: Egan-Williams	Suffix:
* Position/Title:	Sponsored Projects Officer	* Organization:	The Regents of the University of California	
Department:	Office of Research	Division:	Sponsored Projects	
* Street1:	Cheadle Hall	Street2:		
* City:	Santa Barbara	County:	Santa Barbara	* State: CA: Californ
Province:		* Country:	UNITED ST	* ZIP / Postal Code: 93106
* Phone Number:	805/893-8809	Fax Number:	805/893-2611	* Email: proposals@research.ucsb.edu
* Signature of Authorized Representative Completed on submission to Grants.gov			* Date Signed Completed on submission to Grants.gov	

20. Pre-application	<input type="button" value="Add Attachment"/>
----------------------------	---

21. Attach an additional list of Project Congressional Districts if needed.

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED March 7, 2008		Applicant Identifier AWOS	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY STATE		State Application Identifier	
Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: City of Reedley Municipal Airport			Organizational Unit: Department: Public Works		
Organizational DUNS: 00-494-0631			Division: Airport		
Address: Street: 1733 Ninth Street			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Reedley			Prefix: Mr.		First Name: Dana
County: Fresno			Middle Name: R		RECEIVED MAR - 6 2008 STATE CLEARING HOUSE
State: Ca			Last Name: Ritschel		
Zip Code: 93654			Suffix:		
Country: USA			Email: dana.ritschel@reedley.com		
6. EMPLOYER IDENTIFICATION NUMBER (EIN):			Phone number (give area code):		FAX number (give area code):
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 4 - 6 0 0 0 4 0 2 </div>			(559) 637-4200 ext 277		(559) 637-2139
8. TYPE OF APPLICATION:			7. TYPE OF APPLICANT: (See back of form for Application Types)		
<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): (See back of form for description of letters)			<div style="border: 1px solid black; padding: 2px; display: inline-block;">C</div> Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER			9. NAME OF FEDERAL AGENCY		
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 2 0 - 1 0 6 </div>			FAA		
TITLE:			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):			Installation of a AWOS III system.		
13. PROPOSED PROJECT			14. CONGRESSIONAL DISTRICTS OF		
Start Date 5/1/2008		Ending Date 11/1/2008		a. Applicant 21	
				b. Project 21	
15. ESTIMATED FUNDING			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS		
a. Federal	\$	85000	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$		DATE: 3/6/2008		
c. State	\$		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$	5000	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program income	\$		<input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No		
g. TOTAL	\$	90000			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Mr		First Name Dana		Middle Name R	
Last Name Ritschel				Suffix	
b. Title Airport Manager				c. Telephone number (give area code) (559) 637-4200 ext 277	
d. Signature of Authorized Representative				e. Date Signed 3/6/2008	

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Lake Elsinore, City of

* b. Employer/Taxpayer Identification Number (EIN/TIN):

95-6000707

* c. Organizational DUNS:

021798863

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MAR - 6 2008

STATE CLEARING HOUSE

d. Address:

* Street1: 130 South Main Street

Street2:

* City: Lake Elsinore

County:

Riverside

* State:

California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code: 92530

e. Organizational Unit:

Department Name:

Redevelopment Agency

Division Name:

Economic Development

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

* First Name: Steven

Middle Name:

* Last Name: McCarty

Suffix:

Title: Redevelopment Project Manager

Organizational Affiliation:

The Redevelopment Agency of the City of Lake Elsinore

* Telephone Number: 951-674-3124, ext. 314

Fax Number: 951-674-2392

* Email: smccarty@lake-elsinore.org

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

C. City Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

U.S. Economic Development Administration, Department of Commerce

11. Catalog of Federal Domestic Assistance Number:

11.300

CFDA Title:

Grants for Public Works and Economic Development Facilities

* 12. Funding Opportunity Number:

EDA022206

* Title:

FFO Announcement for Economic Development Assistance Programs
authorized by the Public Works and Economic Development Act of
1965, as amended

13. Competition Identification Number:

N/A

Title:

N/A

14. Areas Affected by Project (Cities, Counties, States, etc.):

Cities: City of Lake Elsinore and surrounding region (e.g., Canyon
Lake, Murrieta, Temecula); County: Riverside County; State:
California

* 15. Descriptive Title of Applicant's Project:

Lake Elsinore Technology Center: Business Incubator Project (see
the attached map of project location and the attached summary
description of project)

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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MAR - 6 2008

STATE CLEARING HOUSE

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
* a. Applicant	<input type="text" value="CA-049"/>	* b. Program/Project <input type="text" value="CA-049"/>
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="text" value="(see attached list)"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>		
17. Proposed Project:		
* a. Start Date:	<input type="text" value="07/2008"/>	* b. End Date: <input type="text" value="07/2009"/>
18. Estimated Funding (\$):		
* a. Federal	<input type="text" value="2,600,000"/>	
* b. Applicant	<input type="text" value="3,257,500"/>	
* c. State	<input type="text"/>	
* d. Local	<input type="text"/>	
* e. Other	<input type="text"/>	
* f. Program Income	<input type="text"/>	
* g. TOTAL	<input type="text" value="5,857,500"/>	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text" value="03/06/2008"/>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="text" value="Explanation"/>		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.		
Authorized Representative:		
Prefix:	<input type="text" value="Mr."/>	* First Name: <input type="text" value="Robert"/>
Middle Name:	<input type="text" value="A."/>	
* Last Name:	<input type="text" value="Brady"/>	
Suffix:	<input type="text"/>	
* Title:	<input type="text" value="City Manager"/>	
* Telephone Number:	<input type="text" value="951-674-3124"/>	Fax Number: <input type="text" value="951-674-2392"/>
* Email:	<input type="text" value="bbrady@lake-elsinore.org"/>	
* Signature of Authorized Representative:	<input type="text" value="Signature"/> * Date Signed: <input type="text" value="03/06/2008"/>	

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

2. DATE SUBMITTED

03/06/2008

Applicant Identifier

State Application Identifier

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1. * TYPE OF SUBMISSION

- ☐ Pre-application ☐ Application
☒ Changed/Corrected Application

4. Federal Identifier

DE-FC02-04ER54698

5. APPLICANT INFORMATION

* Organizational DUNS: 067638955

STATE CLEARING HOUSE

* Legal Name: General Atomics

Department: Energy

Division: Magnetic Fusion

* Street1: 3550 General Atomics Court

Street2:

* City: San Diego

County:

* State: CA: Califor

Province:

* Country: UNITED ST

* ZIP / Postal Code: 92121-1122

Person to be contacted on matters involving this application

Prefix: * First Name: Middle Name: * Last Name: Suffix:
Ms. Ramona Gommer

* Phone Number: 858-455-3057 Fax Number: 858-455-3545 Email: ramona.gommer@gat.com

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):

95-3735102

7. * TYPE OF APPLICANT:

Q: For-Profit Organization (Other than Small Business)

Other (Specify):

Small Business Organization Type

☐ Women Owned☐ Socially and Economically Disadvantaged

8. * TYPE OF APPLICATION: ☐ New
☐ Resubmission ☒ Renewal ☐ Continuation ☐ Revision

If Revision, mark appropriate box(es).

☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration
☐ D. Decrease Duration ☐ E. Other (specify):

9. * NAME OF FEDERAL AGENCY:

Chicago Service Center

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

81.049

* Is this application being submitted to other agencies? Yes ☐ No ☒

What other Agencies?

TITLE: Office of Science Financial Assistance Program

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

DIII-D National Fusion Program Research and Facility Operations and Advanced Fusion Technology Research and Development

12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

See Congressional Districts attachment

13. PROPOSED PROJECT:

* Start Date * Ending Date

11/01/2008

10/31/2013

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant

b. * Project

CA-53

CA-53

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: * First Name: Middle Name: * Last Name: Suffix:
Dr. Tony S. Taylor

Position/Title: Director, DIII-D National Fusion Program

* Organization Name: General Atomics

Department: Energy

Division: Magnetic Fusion

* Street1: 3550 General Atomics Court

Street2:

* City: San Diego

County:

* State: CA: Califor

Province:

* Country: UNITED ST

* ZIP / Postal Code: 92121-1122

* Phone Number: 858-455-3559

Fax Number:

* Email: taylor@fusion.gat.com

OMB Number: 4040-0001

Expiration Date: 04/30/2008

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE**Page 2****16. ESTIMATED PROJECT FUNDING**

a. * Total Estimated Project Funding

b. * Total Federal & Non-Federal Funds

c. * Estimated Program Income

17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE:

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ * I agree

* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

19. Authorized Representative

Prefix: * First Name: Middle Name: * Last Name: Suffix:

* Position/Title: * Organization:

Department: Division:

* Street1: Street2:

* City: County: * State:

Province: * Country: * ZIP / Postal Code:

* Phone Number: Fax Number: * Email:

*** Signature of Authorized Representative**

Completed on submission to Grants.gov

*** Date Signed**

Completed on submission to Grants.gov

20. Pre-application**21. Attach an additional list of Project Congressional Districts if needed.**

OMB Number: 4040-0001

Expiration Date: 04/30/2008

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 3/6/08	Applicant Identifier	
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: Westside Tule Enterprise Community		Organizational Unit: Department: Coalinga and Huron Community Centers		
Organizational DUNS: 611723573		Division: Coalinga and Huron Enterprise Communities		
Address: Street: 198 E. Elm Street, Suite 102		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Coalinga		Prefix: Ms.	First Name: Becky	
County: Fresno		Middle Name E.		
State: California		Last Name Barabé		
Zip Code: 93210	Suffix: N/A			
Country: United States		Email: bbarabe@westsidetule.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 20-2095537		Phone Number (give area code) (559) 824-3730		Fax Number (give area code) (559) 325-5730
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) O. Not for Profit Organization Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Rural Business Enterprise Grants (RBEG) 10-769		9. NAME OF FEDERAL AGENCY: United States Department of Agriculture		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Coalinga & Huron, Fresno County, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Multimedia Design & Print Production Project		
13. PROPOSED PROJECT Start Date: 7/1/2008 Ending Date: 6/30/2009		14. CONGRESSIONAL DISTRICTS OF: a. Applicant Jim Costa b. Project Jim Costa		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 249,800.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 2/25/08		
b. Applicant	\$ 6,300.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$ 118,710.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$.00			
g. TOTAL	\$ 374,810.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix Ms.	First Name Becky	Middle Name E.		
Last Name Barabé		Suffix N/A		
b. Title Executive Director		c. Telephone Number (give area code) (559) 824-3730		
d. Signature of Authorized Representative		e. Date Signed 2/25/08		

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APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 3/6/08	Applicant Identifier	
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: Westside Tule Enterprise Community		Organizational Unit: Department: Coalinga Community Center		
Organizational DUNS: 611723573		Division: Coalinga Enterprise Community		
Address: Street: 198 E. Elm Street, Suite 102		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Coalinga		Prefix: Ms.	First Name: Becky	
County: Fresno		Middle Name E.		
State: California		Last Name Barabé		
Zip Code 93210		Suffix: N/A		
Country: United States		Email: bbarabe@westsidetule.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 20-2095537		Phone Number (give area code) (559) 824-3730		Fax Number (give area code) (559) 325-5730
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) O. Not for Profit Organization Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-769		9. NAME OF FEDERAL AGENCY: United States Department of Agriculture		
TITLE (Name of Program): Rural Business Enterprise Grants (RBEG)		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Coalinga Arts & Media Project		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Coalinga, Fresno County, California				
13. PROPOSED PROJECT Start Date: 7/1/2008 Ending Date: 6/30/2009		14. CONGRESSIONAL DISTRICTS OF: a. Applicant Jim Costa b. Project Jim Costa		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 250,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 2/29/08		
b. Applicant	\$ 2,400.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$ 122,690.00	<input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$.00			
g. TOTAL	\$ 375,090.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix Ms.	First Name Becky	Middle Name E.		
Last Name Barabé		Suffix N/A		
b. Title Executive Director		c. Telephone Number (give area code) (559) 824-3730		
d. Signature of Authorized Representative <i>Becky Barabé</i>		e. Date Signed 2/29/08		

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APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 3/6/08	Applicant Identifier
Pre-application		3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction			
5. APPLICANT INFORMATION			
Legal Name: Westside Housing & Economic Network		Organizational Unit: Department: N/A	
Organizational DUNS: 800557345		Division: N/A	
Address: Street: 23018 S. Lake Ave. P.O. Box 188 City: Five Points County: Fresno State: California Zip Code: 93624 Country: United States		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Albert Middle Name: N/A Last Name: Miller Suffix: N/A Email: abmbirds@aol.com	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 55-0799468		Phone Number (give area code): (559) 884-2308 Fax Number (give area code): (559) 325-5730	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) <input type="checkbox"/> Not for Profit Organization Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Rural Business Enterprise Grants (RBEG)		9. NAME OF FEDERAL AGENCY: United States Department of Agriculture	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Unincorporated area of Five Points, California, Fresno County		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Female Resources & Entrepreneurs Serving Healthy (FRESH) Foods	
13. PROPOSED PROJECT Start Date: 7/1/2008 Ending Date: 6/30/2009		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: Jim Costa b. Project: Jim Costa	
15. ESTIMATED FUNDING: a. Federal \$ 71,106 b. Applicant \$ 23,220 c. State \$ d. Local \$ e. Other \$ 12,650 f. Program Income \$ g. TOTAL \$ 106,976		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes: <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 3/3/08 b. No: <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative Prefix: Mr. First Name: Albert Last Name: Miller		Middle Name: N/A Suffix: N/A	
b. Title: Executive Director		c. Telephone Number (give area code): (559) 884-2308	
d. Signature of Authorized Representative: <i>Albert W. Miller</i>		e. Date Signed: 2/29/08	

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APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 3/6/08	Applicant Identifier	
3. DATE RECEIVED BY STATE		State Application Identifier		
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier		
5. APPLICANT INFORMATION				
Legal Name: Westside Housing & Economic Network		Organizational Unit: Department: N/A		
Organizational DUNS: 800557345		Division: N/A		
Address: Street: 23018 S. Lake Ave. P.O. Box 188 City: Five Points County: Fresno State: California Country: United States		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Albert Middle Name: N/A Last Name: Miller Suffix: N/A Email: abmbirds@aol.com		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 55-0799468		Phone Number (give area code) (559) 884-2308		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) O. Not for Profit Organization Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-769		9. NAME OF FEDERAL AGENCY: United States Department of Agriculture		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Unincorporated area of Five Points, California, Fresno County		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Five Points Community Park		
13. PROPOSED PROJECT Start Date: 7/1/2008 Ending Date: 6/30/2009		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: Jim Costa b. Project: Jim Costa		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal \$ 150,753.00		a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant \$ 33,480.00		DATE: 3/3/08		
c. State \$.00		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local \$.00		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other \$ 41,900.00		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income \$.00		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL \$ 226,133.00				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix: Mr.		First Name: Albert		Middle Name: N/A
Last Name: Miller		Suffix: N/A		
b. Title: Executive Director		c. Telephone Number (give area code): (559) 884-2308		
d. Signature of Authorized Representative: <i>Albert W. Miller</i>		e. Date Signed: 3/3/08		

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APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 3/6/08	Applicant Identifier	
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: Westside Housing & Economic Network		Organizational Unit: Department: N/A		
Organizational DUNS: 800557345		Division: N/A		
Address: Street: 23018 S. Lake Ave. P.O. Box 188 City: Five Points County: Fresno State: California Zip Code: 93624 Country: United States		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Albert Middle Name: N/A Last Name: Miller Suffix: N/A Email: abmbirds@aol.com		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 55-0799468		Phone Number (give area code) (559) 884-2308 Fax Number (give area code) (559) 325-5730		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) O. Not for Profit Organization Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-769		9. NAME OF FEDERAL AGENCY: United States Department of Agriculture		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Unincorporated area of Five Points, California, Fresno County		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Family Resource & Technology Center		
13. PROPOSED PROJECT Start Date: 7/1/2008 Ending Date: 6/30/2009		14. CONGRESSIONAL DISTRICTS OF: a. Applicant Jim Costa b. Project Jim Costa		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 85,330.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 3/3/08		
b. Applicant	\$ 33,480.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$ 9,300.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$.00			
g. TOTAL	\$ 128,110.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix Mr.	First Name Albert	Middle Name N/A		
Last Name Miller		Suffix N/A		
b. Title Executive Director		c. Telephone Number (give area code) (559) 884-2308		
d. Signature of Authorized Representative		e. Date Signed 2/29/08		

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APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 3/6/08	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Tule River Economic Development Corporation		Organizational Unit: Department: N/A	
Organizational DUNS: 828113860		Division: Tule River Indian Reservation	
Address: Street: 2780 Yowlumne Ave., Suite A		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Porterville		Prefix: Mr.	First Name: Henry
County: Tulare		Middle Name David	
State: California		Last Name Nenna	
Zip Code 93257		Suffix: N/A	
Country: United States		Email: hdnenna@tredc.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0262973		Phone Number (give area code) (559) 783-8408	Fax Number (give area code) (559) 783-8407
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) K. Indian Tribe Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-769 TITLE (Name of Program): Rural Business Enterprise Grants (RBEG)		9. NAME OF FEDERAL AGENCY: United States Department of Agriculture	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Porterville and Tule River Indian Reservation, California, Tulare County		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Professional Print Production & Marketing Project	
13. PROPOSED PROJECT Start Date: 7/1/2008 Ending Date: 6/30/2009		14. CONGRESSIONAL DISTRICTS OF: a. Applicant Devin Nunes b. Project Devin Nunes	
15. ESTIMATED FUNDING: a. Federal \$ 249,800.00 b. Applicant \$ 25,980.00 c. State \$.00 d. Local \$.00 e. Other \$ 99,000.00 f. Program Income \$.00 g. TOTAL \$ 374,780.00		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 3/3/08 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Authorized Representative Prefix Mr. First Name Henry Middle Name Dave Last Name Nenna Suffix N/A			
b. Title Chief Executive Officer c. Telephone Number (give area code) (559) 783-8408			
d. Signature of Authorized Representative e. Date Signed 3/3/08			

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APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 3/6/08	Applicant Identifier	
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: Huron Enterprise Community		Organizational Unit: Department: N/A		
Organizational DUNS: 611723227		Division: Community Facilities		
Address: Street: 198 E. Elm Street, Suite 102		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Coalinga		Prefix: Mr.	First Name: Eduardo	
County: Fresno		Middle Name N/A		Last Name Gonzalez
State: California	Zip Code 93210	Suffix: N/A		
Country: United States		Email: egonzalez@westsidetule.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 20-2137911		Phone Number (give area code) (559) 417-7383		Fax Number (give area code) (559) 325-5730
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) <input type="checkbox"/> Not for Profit Organization Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Rural Business Enterprise Grants (RBEG) 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Huron, California, Fresno County		9. NAME OF FEDERAL AGENCY: United States Department of Agriculture		
13. PROPOSED PROJECT Start Date: 7/1/2008 Ending Date: 6/30/2009		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Distance Learning & Education Facility Improvements		
15. ESTIMATED FUNDING:		14. CONGRESSIONAL DISTRICTS OF:		
a. Federal	\$ 47,360.00	a. Applicant Jim Costa		
b. Applicant	\$ 21,760.00	b. Project Jim Costa		
c. State	\$.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
d. Local	\$.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 3/3/08		
e. Other	\$ 2,400.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
f. Program Income	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
g. TOTAL	\$ 71,520.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix Mr.	First Name Eduardo	Middle Name N/A		
Last Name Gonzalez		Suffix N/A		
b. Title Executive Director		c. Telephone Number (give area code) (559) 417-7383		
d. Signature of Authorized Representative		e. Date Signed 2/28/08		

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APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 3/6/08		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: Coalinga Enterprise Community			Organizational Unit: Department: N/A		
Organizational DUNS: 611723227			Division: N/A		
Address: Street: 198 E. Elm Street, Suite 102			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Gloria		
City: Coalinga			Middle Name N/A		
County: Fresno			Last Name Calderon		
State: California Zip Code 93210			Suffix: N/A		
Country: United States			Email: gloriacalderon@whccd.net		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 20-2537139			Phone Number (give area code) (559) 935-3554		Fax Number (give area code) (559) 325-5730
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) O. Not for Profit Organization Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-769			9. NAME OF FEDERAL AGENCY: United States Department of Agriculture		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Coalinga, Fresno County, California			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Catering Training & Operations		
13. PROPOSED PROJECT Start Date: 7/1/2008 Ending Date: 6/30/2009			14. CONGRESSIONAL DISTRICTS OF: a. Applicant Jim Costa b. Project Jim Costa		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	66,158.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 3/3/08		
b. Applicant	\$	9,060.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$	.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$	24,050.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$	.00			
g. TOTAL	\$	99,268.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Ms.	First Name Gloria		Middle Name N/A		
Last Name Calderon		Suffix N/A			
b. Title President		c. Telephone Number (give area code) (559) 935-3554			
d. Signature of Authorized Representative <i>Gloria Calderon</i>		e. Date Signed 2/29/08			

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Standard Form 424 (Rev.9-2003)
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Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

Coral Reef Alliance

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MAR 10 2008

STATE CLEARING HOUSE

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Coral Reef Alliance

* b. Employer/Taxpayer Identification Number (EIN/TIN):

94-3211245

* c. Organizational DUNS:

928418987

d. Address:

* Street1: 351 California Street, Suite 650

Street2:

* City: San Francisco

County: San Francisco

* State: CA: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 94104

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: * First Name: Rick

Middle Name:

* Last Name: MacPherson

Suffix:

Title: Program Director

Organizational Affiliation:

* Telephone Number: 415-834-0900 ext. 302

Fax Number: 415-834-0999

* Email: rmacpherson@coral.org

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant 8

* b. Program/Project 2

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date: 07/01/2008

* b. End Date: 06/30/2009

18. Estimated Funding (\$):

* a. Federal	39,606.00
* b. Applicant	39,606.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	79,212.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 03/10/2008 .
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name: Rick

Middle Name:

* Last Name: MacPherson

Suffix:

* Title: Program Director

* Telephone Number: 415-834-0900 ext. 302 Fax Number: 415-834-0999

* Email: rmacpherson@coral.org

* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISSION: <i>Application</i> <input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name Los Angeles County Metropolitan Transportation Authority		Organizational Unit: Long Range Planning & Programming	
Address (give city, state, and zip code): One Gateway Plaza Los Angeles, California 90012-2952		Name and telephone number of the person to be contacted on matters involving this application (give area code) Kathy Banh (213) 922-7635	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95 - 44 0 19 75		7. TYPE OF APPLICANT: (enter appropriate letter in box) N	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision – A (Increase of Award) If Revision, enter appropriate letter(s) in box(es): A Increase Award B Decrease Award C Increase Duration D Decrease Duration Other (specify)		A State H Independent School Dist. B County I State Controlled Institution of Higher Learning C Municipal J Private University D Township K Indian Tribe E Interstate L Individual F Intermunicipal M Profit Organization G Special District N Other (Specify) _____ State Chartered Transit District	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 20 - 500 TITLE 49 U.S.C. § 5309		9. NAME OF FEDERAL AGENCY: Federal Transit Administration	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) County of Los Angeles, CA		11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT: Fiscal Year 2007 Fixed Guideway, CA-05-0212-01	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date 07/01/2006	Ending Date 6/30/2008	a. Applicant Districts 24 through 39, and 41	b. Project Same as Applicant
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?	
a Federal	\$ 48,794,910.00	a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE <u>1/11/08</u>	
b Applicant	\$.00	b NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E O 12372	
c State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d Local	\$ 12,198,728.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No	
e Other	\$.00		
f Program Income	\$.00		
g TOTAL	\$ 60,993,638.00	<div style="border: 1px solid black; padding: 5px; display: inline-block; text-align: center;"> RECEIVED MAR 10 2008 </div> <div style="border: 1px solid black; padding: 5px; display: inline-block; text-align: center; margin-top: 10px;"> STATE CLEARING HOUSE </div>	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED			
a Typed Name of Authorized Representative Gladys Lowe <i>Richard Churter</i>		b Title Director, Regional Program Management	c Telephone number (213) 922-2459
d. Signature of Authorized Representative		e. Date Signed 3/6/2008	

MAR 03 2008

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify) <input type="text"/>	
* 3. Date Received: <input type="text"/> Completed by Grants.gov upon submission.		4. Applicant Identifier: <input type="text"/>			
5a. Federal Entity Identifier: <input type="text"/> N/A			* 5b. Federal Award Identifier: <input type="text"/> N/A		
State Use Only:					
6. Date Received by State: <input type="text"/>		7. State Application Identifier: <input type="text"/>			
8. APPLICANT INFORMATION:					
* a. Legal Name: <input type="text"/> Oakdale Irrigation District Improvement District 52					
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text"/> 94-6003464			* c. Organizational DUNS: <input type="text"/> 009635202		
d. Address:					
* Street1: <input type="text"/> 1205 East F Street		<div>RECEIVED MAR 10 2008 STATE CLEARING HOUSE</div>			
Street2: <input type="text"/>					
* City: <input type="text"/> Oakdale					
County: <input type="text"/> Stanislaus					
* State: <input type="text"/> California					
Province: <input type="text"/>					
* Country: <input type="text"/> USA: UNITED STATES					
* Zip / Postal Code: <input type="text"/> 95361					
e. Organizational Unit:					
Department Name: <input type="text"/> US Dept Ag			Division Name: <input type="text"/> Rural Developement		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: <input type="text"/>		* First Name: <input type="text"/> Kathy			
Middle Name: <input type="text"/>					
* Last Name: <input type="text"/> Cook					
Suffix: <input type="text"/>					
Title: <input type="text"/> Chief Financial Officer/Treasurer					
Organizational Affiliation: <input type="text"/> N/A					
* Telephone Number: <input type="text"/> (209)847-0341 ext. 201		Fax Number: <input type="text"/> (209) 847-9455			
* Email: <input type="text"/> kcook@oakdaleirrigation.com					

MAR 03 2008

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

State of California Special District Improvement District

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

NGMS Agency

11. Catalog of Federal Domestic Assistance Number:

10-760

CFDA Title:

Water and Waste Water Programs

* 12. Funding Opportunity Number:

MBL-SF424FAMILY-ALLFORMS

* Title:

MBL-SF424Family-AllForms

13. Competition Identification Number:

N/A

Title:

East Oakdale, CDP Stanislaus County, California

14. Areas Affected by Project (Cities, Counties, States, etc.):

Improvement District 52 Water Distribution System Replacement Project

* 15. Descriptive Title of Applicant's Project:

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

MAR 03 2008

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant 19

* b. Program/Project 19

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date: 4/01/08

* b. End Date: 9/01/08

18. Estimated Funding (\$):

* a. Federal	\$475,000
* b. Applicant	---
* c. State	---
* d. Local	---
* e. Other	\$475,000
* f. Program Income	
* g. TOTAL	\$950,000

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process? Yes

- ☐ a. This application was made available to the State under the Executive Order 12372 Process for review on .
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name: Steve

Middle Name:

* Last Name: Knell

Suffix:

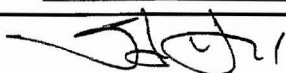
* Title: General Manager/Secretary

* Telephone Number: (209) 847-0341 ext. 208 Fax Number: (209) 847-9455

* Email: srknell@oakdaleirrigation.com

* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.

Authorized for Local Reproduction



2/28/08

Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE 		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY 		Federal Identifier	

5. APPLICANT INFORMATION Legal Name: Progress House, Inc. Organizational DUNS: Address: Street: PO Box 1666 City: Placerville County: El Dorado State: California Zip Code: 95667 Country: USA			Organizational Unit: Department: Division: Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Tom Middle Name: Last Name: Avey Suffix: Email: avey@usa.com Phone Number (give area code): Fax Number (give area code): 530-626-9240		
--	--	--	--	--	--

6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 4 - 2 5 3 5 8 2 0 </div>		7. TYPE OF APPLICANT: (See back of form for Application Types) Nonprofit corporation Other (specify)	
---	--	---	--

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		9. NAME OF FEDERAL AGENCY: USDA Rural Development	
---	--	---	--

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1 0 - 7 6 6 </div> TITLE (Name of Program):		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Corporate Office / Counseling Center	
--	--	--	--

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): El Dorado County, California		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 4 b. Project: 4	
--	--	--	--

13. PROPOSED PROJECT Start Date: 05/01/2008 Ending Date: 05/01/2038		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes: <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No: <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
--	--	---	--

15. ESTIMATED FUNDING: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:20%; text-align: right;">850,000</td> <td style="width:10%; text-align: right;">.00</td> </tr> <tr> <td>b. Applicant</td> <td></td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">850,000</td> <td style="text-align: right;">.00</td> </tr> </table>		a. Federal	\$	850,000	.00	b. Applicant			.00	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$	850,000	.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal	\$	850,000	.00																												
b. Applicant			.00																												
c. State	\$.00																												
d. Local	\$.00																												
e. Other	\$.00																												
f. Program Income	\$.00																												
g. TOTAL	\$	850,000	.00																												

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.											
a. Authorized Representative <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Prefix</td> <td style="width:40%;">First Name John</td> <td style="width:20%;">Middle Name</td> <td style="width:20%;"></td> </tr> <tr> <td colspan="2">Last Name Weidemaier</td> <td colspan="2">Suffix</td> </tr> </table>				Prefix	First Name John	Middle Name		Last Name Weidemaier		Suffix	
Prefix	First Name John	Middle Name									
Last Name Weidemaier		Suffix									
b. Title Loan Officer		c. Telephone Number (give area code) 530-741-2227									
d. Signature of Authorized Representative 		e. Date Signed 03/04/2008									

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		* If Revision, select appropriate letter(s): * Other (Specify) 	
* 3. Date Received: Completed by Grants.gov upon submission.		4. Applicant Identifier: 			
5a. Federal Entity Identifier: 		* 5b. Federal Award Identifier: 			
State Use Only:		<div>RECEIVED MAR 12 2008 STATE CLEARING HOUSE</div>			
6. Date Received by State: <input type="text"/>					
8. APPLICANT INFORMATION:					
* a. Legal Name: <input type="text"/> Hesperia Unified School District					
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text"/> 93-0944528			* c. Organizational DUNS: <input type="text"/> 084446202		
d. Address:					
* Street1: <input type="text"/> 15576 Main Street					
Street2: <input type="text"/>					
* City: <input type="text"/> Hesperia					
County: <input type="text"/> San Bernardino					
* State: <input type="text"/> CA: California					
Province: <input type="text"/>					
* Country: <input type="text"/> USA: UNITED STATES					
* Zip / Postal Code: <input type="text"/> 92345-3643					
e. Organizational Unit:					
Department Name: <input type="text"/> District Office			Division Name: <input type="text"/> Student Services		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: <input type="text"/> Ms.		* First Name: <input type="text"/> Jeanne			
Middle Name: <input type="text"/> D					
* Last Name: <input type="text"/> Marsh					
Suffix: <input type="text"/>					
Title: <input type="text"/> Grant Coordinator					
Organizational Affiliation: <input type="text"/> Hesperia Unified School District					
* Telephone Number: <input type="text"/> 760.887.1000		Fax Number: <input type="text"/> 760.956.7979			
* Email: <input type="text"/> Jeanne.Marsh@hesperia.org					

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

8. Type of Applicant 1: Select Applicant Type:

Q: Independent School District

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

- Other (specify):

* 10. Name of Federal Agency:

U.S. Department of Education

11. Catalog of Federal Domestic Assistance Number:

84.184

CFDA Title:

Safe and Drug-Free Schools and Communities National Programs

* 12. Funding Opportunity Number:

ED-GRANTS-012408-001

* Title:

Safe Schools/Healthy Students Program CFDA 84.184L

13. Competition Identification Number:

84-184L2008-1

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

The City of Hesperia, within the County of San Bernardino, within the State of California

* 15. Descriptive Title of Applicant's Project:

Hesperia Safe Schools

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
* a. Applicant	<input type="text" value="41"/>	* b. Program/Project <input type="text" value="41"/>
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="text"/> Add Attachment <input type="text"/>		
17. Proposed Project:		
* a. Start Date:	<input type="text" value="07/01/2008"/>	* b. End Date: <input type="text" value="07/01/2012"/>
18. Estimated Funding (\$):		
* a. Federal	<input type="text" value="1,500,000.00"/>	
* b. Applicant	<input type="text" value="0.00"/>	
* c. State	<input type="text" value="0.00"/>	
* d. Local	<input type="text" value="0.00"/>	
* e. Other	<input type="text" value="0.00"/>	
* f. Program Income	<input type="text" value="0.00"/>	
* g. TOTAL	<input type="text" value="1,500,000.00"/>	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text" value="03/12/3008"/>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="text"/>		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.		
Authorized Representative:		
Prefix:	<input type="text" value="Ms."/>	* First Name: <input type="text" value="Jeanne"/>
Middle Name:	<input type="text" value="D"/>	
* Last Name:	<input type="text" value="Marsh"/>	
Suffix:	<input type="text"/>	
* Title:	<input type="text" value="Grant Coordinator"/>	
* Telephone Number:	<input type="text" value="(760) 887-1000"/>	Fax Number: <input type="text" value="(760) 956-7979"/>
* Email:	<input type="text" value="Jeanne.Marsh@hesperia.org"/>	
* Signature of Authorized Representative:	<input type="text" value="Completed by Grants.gov upon submission."/>	* Date Signed: <input type="text" value="Completed by Grants.gov upon submission."/>

OMB Number: 4040-0004
Expiration Date: 07/31/2006

Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision
* If Revision, select appropriate letter(s): Other (Specify)		RECEIVED MAR 12 2008 STATE CLEARING HOUSE
* 3. Date Received: Completed by Grants.gov upon submission:		
4. Applicant Identifier: R9 Tracking #:08-005		
5a. Federal Entity Identifier:		* 5b. Federal Award Identifier:
State Use Only:		
6. Date Received by State:		7. State Application Identifier:
8. APPLICANT INFORMATION:		
* a. Legal Name: City of Whittier		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000812		* c. Organizational DUNS: 07-724-2279
d. Address:		
* Street1: 13230 Penn Street Street2: * City: Whittier County: * State: California Province: * Country: United States of America * Zip / Postal Code: 90602		
e. Organizational Unit:		
Department Name: Public Works		Division Name: Water
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Mr. * First Name: David Middle Name: * Last Name: Pelsner Suffix:		
Title: Director of Public Works		
Organizational Affiliation:		
* Telephone Number: (562) 464-3510		Fax Number: (562) 464-3588
* Email: dpelsner@cityofwhittier.org		

OMB Number: 4040-0004
Expiration Date: 07/31/2006**Application for Federal Assistance SF-424**

Version 02

9. Type of Applicant 1: Select Applicant Type:

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (specify):

10. Name of Federal Agency:

U.S. Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.802

CFDA Title:

Superfund State, Political Subdivision, Indian Tribe Site Specific Cooperative Agreements

12. Funding Opportunity Number:

N/A

Title:

N/A

13. Competition Identification Number:

N/A

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

City of Whittier, CA (Los Angeles County) Central Water Basin

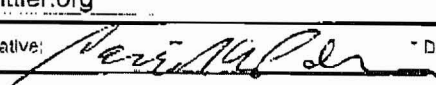
15. Descriptive Title of Applicant's Project:

Whittier Narrows Groundwater Contamination Superfund Site

Attach supporting documents as specified in agency instructions.

[Add Attachments](#)[Delete Attachments](#)[View Attachments](#)

OMB Number: 4040-0004
Expiration Date: 07/31/2008

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
* a. Applicant 42nd, 29th, 38th	* b. Program/Project 39th	
Attach an additional list of Program/Project Congressional Districts if needed.		
Add Attachment		
17. Proposed Project:		
* a. Start Date: 4/1/08	* b. End Date: 3/31/11	
18. Estimated Funding (\$):		
* a. Federal	\$3,914,682.00	
* b. Applicant		
* c. State		
* d. Local		
* e. Other		
* f. Program Income	\$232,346.00	
* g. TOTAL	\$4,147,028.00	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on 3/12/08		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.		
Authorized Representative:		
Prefix: Mr.	* First Name: David	
Middle Name: A.		
* Last Name: Pelser		
Suffix:		
* Title: Director of Public Works		
* Telephone Number: 562-464-3510		Fax Number: 562-464-3588
* Email: dpelser@cityofwhittier.org		
* Signature of Authorized Representative: 		* Date Signed: 3/12/08

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
<input checked="" type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Non-Construction			

5. APPLICANT INFORMATION	
Legal Name: COUNTY OF PLACER, CSA 28, ZONE 6 - SHERIDAN	Organizational Unit: Department: DEPARTMENT OF FACILITY SERVICES
Organizational DUNS: 22-3582360	Division: ENVIRONMENTAL ENGINEERING
Address: Street: 11476 C AVENUE	Name and telephone number of person to be contacted on matters involving this application (give area code)
City: AUBURN	Prefix: First Name: KATHY
County: PLACER	Middle Name
State: CA	Last Name KANE
Zip Code 95603	Suffix:
Country: USA	Email: kkane@placer.ca.gov

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 22-6000527	Phone Number (give area code) 530-886-4909	Fax Number (give area code) 530-889-6809
--	---	---

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) G- SPECIAL DISTRICT Other (specify)
--	--

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760	9. NAME OF FEDERAL AGENCY: UNITED STATES DEPARTMENT OF AGRICULTURE
TITLE (Name of Program): WATER AND WASTE DISPOSAL SYSTEMS FOR RURAL COMMUNITIES	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: SHERIDAN SPRAY IRRIGATION EXPANSION PROJECT
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): UNINCORPORATED PLACER COUNTY, COMMUNITY OF SHERIDAN	

13. PROPOSED PROJECT Start Date: 5/1/2008	Ending Date: 12/31/2009	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 4	b. Project 4
---	----------------------------	--	-----------------

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal USDA RUS GRANT	\$ 1,000,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 3/11/2008	
b. Applicant In Kind/General Fund Loan	\$ 333,000.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$.00		
g. TOTAL	\$ 1,333,000.00		

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative	
Prefix	First Name WILLIAM
Middle Name	
Last Name DICKINSON	
Suffix	
b. Title DEPUTY DIRECTOR	c. Telephone Number (give area code) 530-886-4980
d. Signature of Authorized Representative:	e. Date Signed MARCH 10, 2008

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission: Preapplication <input checked="" type="checkbox"/> Application Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New Continuation Revision		* If Revision, select appropriate letter(s): * Other (Specify)	
4. Applicant Identifier: <small>Completed by Grants.gov upon submission.</small>					
* 3. Date Received:			* 5b. Federal Award Identifier:		
5a. Federal Entity Identifier:			* 5b. Federal Award Identifier:		
State Use Only:					
6. Date Received by State:			7. State Application Identifier:		
8. APPLICANT INFORMATION:					
* a. Legal Name: Tulare County Office of Education					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 942191905			* c. Organizational DUNS: 184031110		
d. Address:					
* Street1: 7000 Doe Avenue, Building 300 Street2: * City: Visalia County: * State: CA: California Province: * Country: USA: UNITED STATES * Zip / Postal Code: 93291					
e. Organizational Unit:					
Department Name: CHOICES			Division Name: Instructional Services		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: Mr. * First Name: Tom Middle Name: * Last Name: Byars Suffix:					
Title: Tulare County Office of Education CHOICES Program Manager					
Organizational Affiliation: Tulare County Office of Education					
* Telephone Number: 559-651-0155			Fax Number: 559-651-0172		
* Email: tbyars@tcoe.org					

Initial: 

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

G: Independent School District

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

U.S. Department of Education

11. Catalog of Federal Domestic Assistance Number:

84.184

CFDA Title:

Safe and Drug-Free Schools and Communities_National Programs

* 12. Funding Opportunity Number:

ED-GRANTS-012408-001

* Title:

Safe Schools/Healthy Students Program CFDA 84.184L

13. Competition Identification Number:

84-184L2008-1

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Visalia, Woodlake, Dinuba all in Tulare County.

* 15. Descriptive Title of Applicant's Project:

Smart Choices Program (SCP)

Attach supporting documents as specified in agency instructions.

[Add Attachments](#) [Delete Attachments](#) [View Attachments](#)Initial: 

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant CA-021

* b. Program/Project CA-021

Attach an additional list of Program/Project Congressional Districts if needed.

[Add Attachment](#)

17. Proposed Project:

* a. Start Date: 08/01/2008

* b. End Date: 07/31/2012

18. Estimated Funding (\$):

* a. Federal	9,000,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	9,000,000.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 03/14/2008

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

Yes ☒ No[Explain Debt](#)

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Mr.

* First Name: Jim

Middle Name:

* Last Name: Vidak

Suffix:

* Title: Superintendent of Schools

* Telephone Number: 559-733-6301

Fax Number: 559-737-4378

* Email: jimv@tcoe.org

* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.

Authorized for Local Reproduction

Jim Vidak, Superintendent of Schools

Date

3-11-08

Tom Byars, Program Manager

Date

3-11-08

Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Regents of the University of California

* b. Employer/Taxpayer Identification Number (EIN/TIN):

946036494

* c. Organizational DUNS:

047120084

d. Address:

* Street1:

1850 Research Park Drive

Street2:

Suite 300

* City:

Davis

County:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95618

e. Organizational Unit:

Department Name:

Sponsored Programs

Division Name:

Office of Research

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

* First Name: Kelly

Middle Name:

* Last Name: Parker

Suffix:

Title: Contracts and Grants Analyst

Organizational Affiliation:

* Telephone Number: 530-747-3918

Fax Number: 530-747-3929

* Email: kelparker@ucdavis.edu

RECEIVED

MAR 14 2008

STATE CLEARING HOUSE

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.714

CFDA Title:

Pesticide Environmental Stewardship Regional Grants

* 12. Funding Opportunity Number:

EPA-OPP-08-001

* Title:

Pesticide Environmental Stewardship Program (PESP) Regional Grants

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

* 15. Descriptive Title of Applicant's Project:

Extending the Pesticide Use Risk Evaluation (PURE) online tool for California orchard growers to promote the reduced-risk alternatives.

Attach supporting documents as specified in agency instructions.

[Add Attachments](#) [Delete Attachments](#) [View Attachments](#)

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant CA-001

* b. Program/Project CA-001

Attach an additional list of Program/Project Congressional Districts if needed.

 [Delete Attachment](#) [View Attachment](#)

17. Proposed Project:

* a. Start Date: 10/01/2008

* b. End Date: 09/30/2010

18. Estimated Funding (\$):

* a. Federal	50,500.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	50,500.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 03/14/2008.
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name: Kelly

Middle Name:

* Last Name: Parker

Suffix:

* Title: Contracts and Grants Analyst

* Telephone Number: 530-747-3918

Fax Number: 530-747-3929

* Email: kelparker@ucdavis.edu

* Signature of Authorized Representative: Completed by Grants.gov upon submission.

* Date Signed: Completed by Grants.gov upon submission.

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission:

☐ Preapplication

☒ Application

☐ Changed/Corrected Application

*2. Type of Application

☒ New

☐ Continuation

☐ Revision

* If Revision, select appropriate letter(s)

*Other (Specify)

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: City of California City

*b. Employer/Taxpayer Identification Number (EIN/TIN):

95-2408763

*c. Organizational DUNS:

13-9434984

d. Address:

*Street 1: 21000 Hacienda Blvd.

Street 2:

*City: California City

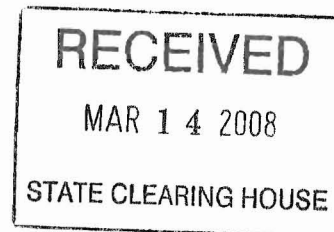
County: Kern

*State: CA

Province:

*Country:

*Zip / Postal Code 93505



e. Organizational Unit:

Department Name:

Public Works

Division Name:

Sewer

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Mr. *First Name: Mike

Middle Name:

*Last Name: Bevins

Suffix:

Title: Public Works Director

Organizational Affiliation:

*Telephone Number: 661 373-7297

Fax Number: 661 373-7511

*Email: pwwdir@ccis.com

Application for Federal Assistance SF-424	Version 02
*9. Type of Applicant 1: Select Applicant Type: C. City or Township Government Type of Applicant 2: Select Applicant Type: Type of Applicant 3: Select Applicant Type: *Other (Specify)	
*10 Name of Federal Agency: USDA	
11. Catalog of Federal Domestic Assistance Number: 10-760 CFDA Title: Water & Waste Disposal Loan & Grant Program	
*12 Funding Opportunity Number: *Title: 	
13. Competition Identification Number: Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.): City	
*15. Descriptive Title of Applicant's Project: Construction of sanitary sewer main backbone lines, lateral connections, manholes, and any required hardware for a complete sewer system. Approximate backbone lines length +/- 37,690 ft. (+/- 7.14 miles).	

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: CA-020, CA-021

*b. Program/Project: CA-020, CA-021

17. Proposed Project:

*a. Start Date: 09-08

*b. End Date: 09-09

18. Estimated Funding (\$):

*a. Federal	5,737,178.00
*b. Applicant	_____
*c. State	_____
*d. Local	_____
*e. Other	_____
*f. Program Income	_____
*g. TOTAL	5,737,178.00

*19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 3-10-08
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E. O. 12372

*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions

Authorized Representative:

Prefix: Mrs. *First Name: Linda

Middle Name: _____

*Last Name: Lunsford

Suffix: _____

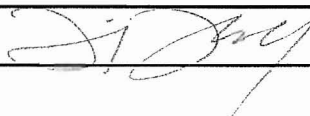
*Title: City Manager

*Telephone Number: 760 373-3170

Fax Number: 661 373-3170

* Email: citymgr@ccis.com

*Signature of Authorized Representative:

*Date Signed: 3-10-08

Application for Federal Assistance SF-424

Version 02

***Applicant Federal Debt Delinquency Explanation**

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.

NA

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENCY 		Applicant Identifier State Application Identifier Federal Identifier	
5. APPLICANT INFORMATION Legal Name: Farmington Water Company Organizational DUNS: 14-414-7147 Address: P.O. Box 77 City: Farmington, CA County: San Joaquin State: CA Zip Code: 95230 Country:					
Organizational Unit: Department: Division:			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mrs. First Name: Mary Anne Middle Name: Last Name: Strojan Suffix:		
Email: moonstrojan@hotmail.com			Phone Number (give area code): 209-886-5346 Fax Number (give area code): 209-886-5346		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2668935			7. TYPE OF APPLICANT: (See back of form for Application Types) "O. Not for profit organization" (Mutual Water Co.) Other (specify):		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify):			9. NAME OF FEDERAL AGENCY:		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Farmington			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Farmington Water Company Improvements		
13. PROPOSED PROJECT 22 months from Notice to Proceed Start Date: Ending Date:			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 11th District, b. Project 11th District		
15. ESTIMATED FUNDING: a. Federal \$ 809,780 b. Applicant \$ c. State \$ 1,000,000 d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 1,809,780			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative Prefix: Mrs. First Name: Mary Anne Middle Name: Last Name: Strojan Suffix: b. Title: Manager/Secretary-Treasurer c. Telephone Number (give area code): 209-886-5346 d. Signature of Authorized Representative: [Signature] e. Date Signed: 3-10-08					